



**Danville Area
Community College**

REPORT OF EMPLOYEE'S TIME

Covering the period from _____ through _____

Name _____ Department Name _____

Colleague ID # _____ Department Account Number _____
(Part-time only)

Indicate hours worked each day (i.e. 8:00-12:00, 1:00-5:00) or reason for absence (i.e. personal leave, vacation, unscheduled leave, etc.) Please put the date in the upper right hand boxes.

							Total Hours

For hours over 8 per day choose (applies only to full-time staff):

- PAY OVERTIME**
- COMPENSATORY TIME**

Total Hours	
Minus Reg. Contract Hrs.	
Overtime Hours	

HOURS

Beginning Balance _____

USED - _____ X 1.0 = _____

EARNED + _____ X 1.5 = _____

Ending Balance _____

LEAVE SUMMARY

	SICK	VACATION	PERSONAL	BEREAVE*	OTHER	TOTAL
PWO DGT QHHTS0						

*Indicate Relationship _____

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____